

Food-exposed to street dust in open meat and baker wagons cannot be wholesome. Restaurants and public drinking houses, whether soda fountains or bar-rooms, all need inspection for more cleanliness.

The most practical solution of the large problem of prevention of tuberculosis would be in enforcing civic and domestic cleanliness, which cannot be done alone by making laws, but by educating the general public to the whys and wherefores of such laws, and so obtain their co-operation. Pure air can only be found in clean streets and clean homes. Pure water must come from pure sources; pure food, from honest manufacturers, clean dealers, clean restaurants, and a clean family kitchen. Clean bodies and clean living will make this terrible disease a matter of history. Better housing conditions, abolishing cellar habitations and work shops, better isolation of patients with contagious diseases, more supervisions from the Departments of Health, of intelligent officials capable of teaching hygiene, domestic and personal, prevention of overcrowding among the foreign residents of our large cities and much will be done to prevent sickness and poverty.

When the men and women of science and experience become teachers of those who are in darkness, they will have realized their true mission in life and become co-workers with nature's great law, "Cleanliness is next to Godliness."

THE NEWER INTERPRETATION OF CHARITY AS PRACTISED BY THE ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR *

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THE New York Association for Improving the Condition of the Poor was organized in 1843 and has sixty-five years of successful work to its credit.

The following from the sixty-fourth annual report may explain somewhat the policy of the Association:

"During the year ending September 30, 1907, the Association aided either with food, clothes, rent, or counsel, 61,572 persons directly, and 4807 through the Joint Application Bureau. Besides these the district nurses of Junior Sea Breeze visited 102,000 individual families.

* Read at the meeting of the New York State Nurses' Association, Buffalo, October, 1908.

If the remarkable growth of the Association's work represented a corresponding increase in poverty, the record for the year might well cause concern. As a matter of fact, the figures cited serve only to indicate our increasingly just interpretation of the word "relief," and to emphasize the truth that the Association is not only a charity of first importance, but also a powerful educational force directed to the prevention of evils that produce distress. With one hand the Association dispenses relief from poverty, and with the other relief from the ignorance, for which the unfortunates are seldom responsible, but to which their distress is largely due."

As early as 1845 it was fighting for model tenements. In 1851 De Milt Dispensary was founded, and in the following year the Northwestern Dispensary was opened. In 1864 pure milk legislation was secured and since that time this important question has been kept constantly in sight. The Association also founded the Society for the Ruptured and Crippled Children, built the first public baths in New York, organized the vacation schools and maintains the first American Seaside Hospital for the treatment of bone and gland tuberculosis in children.

The Fresh Air Home at Coney Island, known as Sea Breeze, is another of its institutions. The camp for sick babies was opened at Junior Sea Breeze in 1906. There were five shacks, or tents, each with an accommodation for twelve babies. The staff consisted of a resident physician, three visiting physicians, a superintendent, a head nurse, five day nurses (each having a nursery maid as an assistant) also four night nurses. There were two large play tents, to which mothers of sick babies were invited to bring their older children and spend the day. A kindergarten was in charge of the play ground, and very often had under her daily supervision 400 children. Twice weekly lectures were given by the nurses and doctors as to the proper way of caring for infants. Two hundred and four babies were admitted and cared for in the hospital, and eighty-nine out-patient babies were treated this first season. This work was continued this summer, and two field nurses were added to the staff.

The Association no sooner originates one thing for the improvement of the poor and puts it on firm working basis, than it starts another.

In the spring of 1907 the Association was able to organize a corps of three nurses to go into the homes to educate the mother in the care of herself and her baby, and also to establish at Hartsdale, N. Y., the Caroline Rest Home for convalescent mothers. Mr. George H. F. Schrader, a retired manufacturer, has maintained this great educational

charity. The Caroline Rest Home is situated among the hills of Westchester County and here these tenement mothers are given a chance to breathe in the pure air, renew their strength and at the same time receive practical instruction as to the care of their babies. The home has accommodation for sixty. The women are not limited as to the length of stay, but remain here until they are again able to take up their home duties. I know of one mother who remained fourteen weeks.

Last spring the Association opened seven milk depots and thus nine nurses were added to our staff. This work is under the supervision of Mr. Wilbur C. Phillips, Secretary of the New York Milk Committee of the Association for Improving the Condition of the Poor. Mr. Phillips is untiring in his efforts to bring about a proper understanding of infant feeding. The object of these depots is not to encourage artificial feeding, but to stimulate and educate the mother in the proper way of caring for her own baby. The nurses from these depots visit the houses to instruct the mother in home hygiene. There are also thirty-six physicians attached to the depots to direct the nurse in the care of each individual baby.

The field in New York is a big one and many things will have to be accomplished before results are satisfactory. I took up my work with the Association in 1907, and was stationed on the lower east side in the Corlear's Park section. I made a house to house canvass and hunted out the sick babies and pregnant women. I made myself known, so that the children and mothers of this neighborhood felt that I was their friend. I had regular hours at Corlear's Park, where the mothers knew they could find me, and I was sought out and consulted concerning many things. The living conditions are murderous for these babies, and almost every day I had several tenement house complaints to send in. The co-operation with the Tenement House Department was perfect. I became acquainted with the inspector for the district. We worked, so to speak, hand in hand, and very many unsanitary things were removed, thus giving the babies a better chance for life. It may surprise you to know that in one of the big tenements on Monroe Street I found fifty-four children under two years old, and twelve pregnant women.

My greatest problem was that of getting the mothers to have a physician instead of the midwife. I know there are some who advocate the midwife. She may be a valuable asset to society, but I have not found her so, and after investigating I feel that something should be done either to abolish the practice of midwifery, or increase the educational requirements for those who choose to follow it. The Board of

Regents does not require the midwife to take an examination, but by paying 25 cents she can register her certificate with the Department of Health. I feel confident that the Association for Improving the Condition of the Poor will take this matter up. The following history will give you an insight into the character and quality of their work.

I called to see Mrs. C., who is foreign born and has always had a midwife during previous pregnancies. I tried to impress upon her the importance of having a physician and finally all arrangements were made to this effect. I called to see her at the time set for her confinement, the baby had been born, but instead of sending for the physician she had called in a midwife. Calling again in a few days I found the baby's eyes secreting. I suggested to her that she call a physician. This she promised to do, although she stated that the midwife had said, "It is nothing." Before leaving I sent out and bought boracic acid, prepared a solution and gave her practical instructions in caring for the eyes. My last warning to her was that she should see a physician. After a few days I made another visit. The woman was up and the baby's eyes were filled with a yellow pus; no doctor had been called as the midwife did not think it was necessary. I told Mrs. C. that unless something was done I would report the case to the Department of Health; I also urged her to take the infant to an eye dispensary at once, but she wished to wait until to-morrow. I insisted upon her going. When she called at the dispensary the physician stated that the eyes were in a serious condition and advised placing the baby in the hospital. The baby was at once taken to one of the New York eye hospitals, where he was examined by the physician in charge, who stated that had the woman waited twelve hours longer, the baby would have lost the sight of both eyes. Diagnosis was gonorrhœal ophthalmia. I saw the superintendent of the hospital and obtained a free bed, where the baby was kept for three weeks, when he was discharged cured.

In September, 1907, I was transferred to the Caroline Rest work. I do not believe that the idea which Caroline Rest attempts to put into practice is carried out by any other institution. The object is to teach the mother the proper care of herself before and after confinement, and also to teach her the care of her baby. We like to have these cases placed in charge as soon as possible, because it is in the first stages of pregnancy that so much can be done for the woman to insure a strong, healthy baby. We believe very strongly in prenatal influence. Our cases come to us chiefly through our relief visitors. The nurse visits the woman, ascertains home conditions, social environment, and conditions of previous pregnancy. Arrangements are made for the woman to

have hospital or home care, whichever seems more advisable. We co-operate with all of the maternity societies, which furnish physicians free, but when a woman lives out of the hospital district and it seems best for her to remain at home, they provide the physician, and often a helper to care for the other children. Should the woman's condition not be normal, she is at once placed under the care of a special physician, and his orders are carried out. For instance:

Should I visit Mrs. J. and find that she is not well and needs medical care, I would first send her to the maternity hospital to make arrangements for her confinement. The hospital physicians do not give the woman any medical care at this time, therefore, after Mrs. J. has made her arrangements with the maternity hospital, I would send her to a dispensary physician whom I know. I find out from him just what he advises, and carry out his instructions to the letter. He may feel she needs milk, a change of scene, or he may feel that a successful completion of her pregnancy may depend on her having some one to do her washing or cleaning. Should this be true the visiting cleaner is sent by the Association. In every way things are done to insure a successful confinement, a healthy baby and a healthy mother. During the lying-in period I do not in any way have the care of the mother or the baby unless the doctor requests my service. The entire care is left to the Maternity Association. Special food is provided, also clothing and whatever else may be necessary, by our relief department. Just as soon as the case is discharged by the physician, I again step in and instruct the mother in the care of her baby. Everything is furnished by the Association if the woman is unable to provide it. I have furnished bath tubs to many mothers who have never had one. One woman, a mother of seven children, was given a bath tub and instructed how to use it. It was the first tub she had ever had. The baby was three months old when the mother came to us, he was very ill, the woman was very poor, and many things had to be provided. The baby was sent to the dispensary, where the physician stated it was starving owing to the condition of the mother's milk. The mother had not had sufficient nourishment and was in a very depleted condition. The woman wished to place the baby on the bottle, but she was made to understand that her milk was best if she would be careful of her diet and carry out the physician's orders. She was provided with plenty of milk to drink, and also with other nourishing food and warm clothing. The baby began to improve and all signs of disease disappeared. This case was in charge and was visited weekly by me from November until the following May. The baby became strong and healthy, living conditions were much im-

proved, the family became self-supporting, and the case was closed. As I was passing by the house one day this summer, I called in to see the mother. Her statement may explain to you the result of the work. "I can never forget you, you lifted me out of poverty and saved the life of my baby." Do you realize what an incentive to renewed efforts such an expression must be for the nurse? I could name case after case and then only give you a faint idea of what it all means. Beside the instruction which the mothers receive from the Caroline Rest nurses they also benefit by their contact with our relief visitors, sewing teacher, domestic science teacher and visiting housewives. This work continues the year round. It is not experimental and is broadening out in many ways.

In the June number of the *AMERICAN JOURNAL OF NURSING*, there appeared the following news item: "A new work has started at Bellevue Hospital, New York, on the first of May. The idea is that of Mr. Robert W. Bruere, General Agent of the New York Association for Improving the Condition of the Poor. The work is experimental and promises to be as valuable as so many experiments originated and put into practice by the Association for Improving the Condition of the Poor." Mr. Bruere conceived the idea of having a nurse at Bellevue to follow up all of the discharged hospital cases and also to follow up the dispensary cases, to instruct the mother in carrying out the orders of the physician. He was most anxious to prove to Bellevue and other dispensaries how necessary this work is, and thus have them assume the responsibility of providing the nurse for this educational work. He is very desirous of having a field nurse in every children's dispensary. The main object of the work is educational and preventive.

The following is the report of my four months' work at Bellevue Hospital and Dispensary: Number of cases in charge, 150; discharged hospital cases, 78; dispensary cases, 72; visits to wards and dispensaries, 217; to homes, 839; cases referred to dispensaries, 74; placed in hospitals, 32; reported to Department of Health, 18; relief cases referred, 29; referred for fresh air, 498; tenement house complaints, 35; cases reported to Department of Correction, 1; reported to Department of Charities, 3; reported to the Bureau of Licenses, 1; to whom milk was furnished, 40; quarts of milk furnished, 979; babies supplied with clothing, 8; amount expended in furnishing sugar of milk, prepared barley, nipples, bottles, etc., \$9.68.

I was allowed a certain fund with which to provide milk, infant's outfit or anything of this nature to aid in carrying out the physician's orders. Often a woman called at the dispensary and was instructed to

do this or that particular thing and yet she was unable to do it, because of lack of funds. Had there been no follow-up nurse, the physician's orders could not have been carried out and the baby might have died. This will explain some of the items in my report. It is very gratifying to state that the work has been such that Bellevue at the end of four months was most willing to provide the nurse and now one of its own graduates is following out our plan. Often my work was very heavy and seemed more than one nurse could handle, but because of the support and counsel of Mrs. Helene Ingram, our very efficient Superintendent of Relief, my capacity for service was doubled.

During the summer the Association for Improving the Condition of the Poor placed a field nurse at the New York University and Bellevue Medical College Dispensary. Dr. J. Dodge Peters made an application for the same work to be taken up at Roosevelt Dispensary, and I am now located there, trying to establish a permanent field service.

I consider this work one of the greatest instruments of educational prevention. Families are reached that could be reached in no other way. In going into a house I have not confined my work to the case in charge, but have looked after any case that may have come to my notice. I received very hearty co-operation from the United Hebrew Charities, New York Diet Kitchen Association, Children's Aid Society, and from many hospitals and dispensaries. Possibly one of the most valuable results of field work is that it brings many kindred institutions into co-operation for the conservation of life.

CARE OF THE CONVALESCENT *

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THE experience and practice of nurses in training in general hospitals is largely confined to the nursing of patients during the acute and early convalescent stage of their ailments, at which latter point they usually leave the hospital. The busy nurse on general duty has not much time to devote to the entertainment of convalescent patients. She gets more or less theoretical instruction on the subject from her superintendent, and this is valuable in as far as it goes. However, most graduate nurses will agree with me, I believe, in saying that the practical work of nursing, the work the nurse was trained to do daily, the

* Read at the third annual meeting of the Graduate Nurses' Association of West Virginia, October, 1908.